



## AFFIDAVIT FOR JUDICIAL OFFICER CCDW LICENSE

Pursuant to KRS 237.110 and KRS 527.020, I am submitting the information provided below to supplement my application for a "Judicial Officer" Carry Concealed Deadly Weapons (CCDW) license.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### ACKNOWLEDGMENT BY APPLICANT

I have applied for a "Judicial Officer" CCDW license from the Kentucky State Police. I hereby attest that I meet the criteria in KRS 237.110 and KRS 527.020 to possess a "Judicial Officer" CCDW license on the basis that I belong to one of the classifications/positions specified below:

Commonwealth/Assistant Commonwealth Attorney (Specify Circuit): \_\_\_\_\_

County/Assistant County Attorney (Specify County): \_\_\_\_\_

Judge/Justice (Specify District/Circuit Location): \_\_\_\_\_

Retired: Judge/Justice, Commonwealth/Assistant Commonwealth Attorney, County/Assistant County Attorney

(Specify last judicial position/location): \_\_\_\_\_

I understand that the information provided herein may be verified by the Kentucky State Police with the Prosecutor's Advisory Counsel (PAC), Kentucky Court of Justice, Kentucky Retirement Systems, Judicial Retirement System and/or other appropriate retirement system and I authorize the release of any records by these entities to the Kentucky State Police for verification purposes. I further understand that I am only entitled to the "Judicial Officer" CCDW license while I am serving in one of the positions identified above. I further understand that if my status changes and I no longer fit one of the positions specified above, I must return my "Judicial Officer" CCDW license to: Kentucky State Police, Criminal Identification & Records Branch, CCDW Section, 1266 Louisville Road, Frankfort, KY 40601 within 10 days, with a written request that this license be re-issued as a standard CCDW license.

I certify under oath and under penalty of law that the information provided above is true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Sworn before me, the undersigned authority, on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

\*\*\*\*Please attach a photocopy of your Judicial or Prosecutor Identification Card\*\*\*\*